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APPLICANTS

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** CONTINUING DATA *****

none HZ

** FOREIGN APPLICATIONS *****

none HZ

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance.	STATE OR COUNTRY NY	SHEETS DRAWING 5	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 3
Verified and Acknowledged	<i>K 9/11</i> Examiner's Signature	<i>KS</i> Initials			

ADDRESS

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TITLE

Ink-jet printing with reduced cross-talk

FILING FEE RECEIVED 1140	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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